



Susanville Indian Rancheria Housing Authority
P.O. Box 970
870 Joaquin Street, Unit G
Susanville, CA 96130
Phone: (530) 257-5033 Fax: (530) 257-5035
Email: housing.specialist@frontier.com

The following is a list of items that are required to be submitted with the Housing Services Application:

1. Proof of Income for all members of household
2. Copy of Social Security card and Tribal Identification for all members of household
3. All adults 18 years of age and older must sign and date the Authorization for Release of Information form
4. If a minor child listed as an occupant with only one parent in the household, the SIRHA BOC requires court ordered custody paperwork or a child support order stating time with non-custodial parent listed.

If the Housing Services Application is incomplete and/or the above items are not attached, your application will not be accepted by SIRHA staff.

If you have questions regarding this notice please contact our office at (530) 257-5033.



Susanville Indian Rancheria Housing Authority Housing Application

RENTAL: ☐ Low Rent ☐ Elder Springs ☐ Recertification
HOMEOWNERSHIP: ☐ Lease/Purchase ☐ Mutual Help ☐ 184 ☐ Recertification
MOD/REHAB: ☐ Modernization ☐ Rehabilitation ☐ Grant Application Assistance

APPLICANT INFORMATION

Name: _____
 LAST FIRST MIDDLE(MAIDEN, IF ANY)

Mailing Address: _____
 STREET OR PO BOX CITY STATE ZIP CODE

Residence Address: _____
 STREET CITY STATE ZIP CODE

Telephone Number: _____
 HOME WORK CELL OR EMERGENCY

Date of Birth: _____ Social Security Number: _____

Tribe: _____ Roll Number: _____

Marital Status (Please Check One): ☐ Married ☐ Single ☐ Widowed ☐ Domestic Partner ☐ Other

If you checked "other", please explain: _____

SPOUSE/DOMESTIC PARTNER

Name: _____
 LAST FIRST MIDDLE (MAIDEN, IF ANY)

Date of Birth: _____ Social Security Number: _____

Tribe: _____ Roll Number: _____

Briefly describe your request for housing: _____

FAMILY INFORMATION

LIST EACH PERSON WHO WILL BE LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS. ***PROVIDE PROOF OF SOCIAL SECURITY NUMBER FOR EACH MEMBER**

Name	Date of Birth	Social Security Number	Relationship to Applicant	Tribe/ Roll Number

☐ If more members in household, mark box and continue listing on back of this page

***All persons age 18 or over MUST complete and sign a Release of Information form AND Provide Income Verification**

INCOME INFORMATION

START WITH HEAD OF HOUSEHOLD THEN LIST ALL FAMILY MEMBERS. PROVIDE A COPY OF MOST RECENT WAGE STUB, TAX RETURN, ETC. FOR VERIFICATION

NAME	ANNUAL INCOME	SOURCE OF INCOME

TOTAL ANNUAL INCOME: _____

GENERAL INFORMATION

1. Has any household member received assistance from the US Department of Housing and Urban Development "HUD" or the Bureau of Indian Affairs "BIA" Housing Improvement Program "HIP"?
☐ YES ☐ NO

If yes, what year and explain _____

2. Does any household member have a severe health problem, handicap, or permanent disability?
3. ☐ YES ☐ NO

If yes, provide name and description of disability, handicap, or disability. **Medical documentation is required.** _____

4. Does anyone in your household own any house not occupied by your family? ☐ YES ☐ NO

If yes, explain _____

5. Has any household member ever been evicted from a residence? ☐ YES ☐ NO

If yes, explain _____

The SIRHA will contact previous and current landlords in order to verify tenant history. The information collected will assist the SIRHA in determining eligibility for SIRHA housing assistance in accordance with policy and Federal regulations.

PLEASE PROVIDE RESIDENCY INFORMATION FOR THE MOSE RECENT FIVE YEARS

Landlord Name	Address / Phone #	Address of Unit	Rent Owed Yes / No	Dates Lived In Unit

6. Has any household member been convicted of a Felony? ☐ YES ☐ NO
7. Is any household member a convicted Sex Offender? ☐ YES ☐ NO

CURRENT RESIDENCE INFORMATION

Number of people at current residence: _____ Number of bedrooms at current residence _____

CHECK ONE: ☐ Own ☐ Rent ☐ Share ☐ Homeless ☐ Other

If "Other" please explain _____

If "Own", how long have you owned your home _____

If "Rent" or "Share", what is your monthly rent _____

1. Bathroom Facilities: Flush Toilet ☐ Yes ☐ No Tub/Shower ☐ Yes ☐ No

2. Is Electricity Available? ☐ Yes ☐ No Name of Power Company _____

3. Sewer System: ☐ City Sewer ☐ Septic System ☐ Chemical Toilet ☐ Outhouse

4. Water System: ☐ City Water ☐ Private Well ☐ Community Well ☐ Other

If "Other", please describe _____

REPAIRS NEEDED TO HOME

Is the home dilapidated, in need of repair, or unsafe: ☐ YES ☐ NO

If "Yes", please check the following conditions that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Plumbing Defects | <input type="checkbox"/> Electrical Defects | <input type="checkbox"/> Structural Defects |
| <input type="checkbox"/> Heating System Defects | <input type="checkbox"/> Porch/Step Defects | <input type="checkbox"/> Unsafe Site Materials |
| <input type="checkbox"/> Inadequate Handicap/Elder access | <input type="checkbox"/> No Smoke Detectors | <input type="checkbox"/> Inadequate Weatherization |
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Other | |

If "Other", please explain _____

LAND INFORMATION

1. Does any household member own any land? ☐ YES ☐ NO

2. What is the current status of the land?

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual Trust | <input type="checkbox"/> Tribal Trust | <input type="checkbox"/> Family Allotment |
| <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Tribal Restricted | <input type="checkbox"/> Tribal Fee Simple |

3. If you do not own the land, do you have:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Leasehold Land | <input type="checkbox"/> Use Permit | <input type="checkbox"/> Assignment |
|---|-------------------------------------|-------------------------------------|

~♦♦♦♦♦♦~

APPLICANT CERTIFICATION—Read carefully before you sign and date your application in ink.

I do swear and attest that all the information above about members of my household and myself are true and correct.
I understand that all changes in income or household composition must be reported to the Susanville Indian Rancheria Housing Authority immediately.

I understand that any misstatements or omissions in this application may result in my being disqualified for housing assistance. Further, I understand that, if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered at a later date.

Applicant Signature: _____ **Date:** _____

Spouse/Partner Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____